



Docket No. (Optional)
03042/100G691-US2

Application Number
09/603,601

Filed	June 26, 2000
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For: METHOD AND APPARATUS FOR OPERATING AND FUNDING A QUESTION AND ANSWER INTERACTIVE SYSTEM

Art Unit	2175	Examiner	S. G. Rimell
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The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | | | |
|-------------------------------------|----------------------------------|----|--------|
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ | 110.00 |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ | |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ | |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ | |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ | |

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

 attorney or agent of record. Registration Number

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 43,480

April 27, 2004

Date _____

(212) 527-7700

Telephone Number

Cheryl Bas
Signature

Signature

Cheryl Milone Bab

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

X Total of 1 forms are submitted.

01 FC:2251

55.00 OP

Express Mail Label No.

Dated: _____